

GENERAL SURGERY.

I. Upon the Possibility of Infection Occurring Through a Superficial Suppurating Surface. By Dr. LEONE SESTINI (Italy). The author made a series of experiments upon animals for the purpose of determining the susceptibility of superficial suppurating surfaces to infectious influences. Rabbits were employed; 17 of these animals in whom a superficial wound surface was produced were inoculated thereon with *staphylococcus pyogenes aureus*, and 3 with *staphylococcus pyogenes albus*. Suppuration of the surfaces having been by this means established, S. proceeded to inoculate the surfaces by means of anthrax bacillus. For the purposes of a control experiment 8 other rabbits were inoculated in the usual manner by means of the same bacillus. Of those animals inoculated upon surfaces, the site of a suppurative process, not a single one manifested symptoms of the disease, while the other group very promptly died of the inoculation. The same results were obtained in the use of the virus of chicken cholera. In the case of the inoculated bacillus it was found that no general infection occurred, although extensive local ulceration followed. This latter was not as extensive as in the control animal, although in other respects the behavior of the two animals were quite similar.—*Riforma Med*, Feb. 28, 1890.

GEO. R. FOWLER (Brooklyn).

II. Case of Cyanomycosis. By VASILY L. JADKEVITCH (Novgorod-Seversk, Russia). The author records an interesting instance of what he thinks to be Charrin's *maladie pyocyane* in man, caused by the *bacillus pyocyaneus* (that is, by one of the microbes of "blue suppuration"). The case refers to a generally healthy and robust gentleman, at present æt. 60, who, for many years past, had been suffering from chronic dry eczema of both of his legs. In February, 1880, during a long and tedious journey, the rash assumed a "weeping" character, to rapidly transform into large ulcers, profusely discharging pus of a quite blue color. Under the influence of some treatment in June, the blue suppuration gradually ceased, after which the ulcers healed. A month previously (in May), however, without

any apparent cause, there developed an ascending paresis of his right upper extremity, both motion and sensibility being affected. Electricity having been resorted to, a complete recovery soon ensued. About the end of 1885 there occurred another attack of "blue suppuration" (in the same situation), which lasted about three weeks, and was followed this time by general prostration; dyspnœa and strikingly quickened pulse (140 per minute), some cardiac weakness and emaciation. In about four months the train of symptoms slowly disappeared. The patient remained perfectly well until October, 1888, when, owing to some slight neglect, his eczema once more became exulcerated, the surface abundantly discharging a now greenish and then blue pus, while the temperature rose up to 38°C , and the frequency of the pulse up to 120 per minute. In January, 1889, there supervened diarrhœa of several days' duration, the stools being either watery, or slimy and blood-stained. In the beginning of February, there appeared a steadily extending anæsthesia of the lips, cheeks, legs, scrotum, penis, buttocks, anus, and later on of all the four extremities. It was accompanied by a similarly gradually spreading paresis and wasting of the limb, as well as by cardiac weakness, constipation, loss of appetite, decrease in the daily quantity of urine, and slight albuminuria. On a most careful examination (with all sterilizing precautions), the urine proved to contain the *bacillus pyocyaneus* in pure cultivation (which, on subcutaneous injection into a rabbit, caused a severe diarrhœa, ending in death in a few hours). The treatment adopted by Dr. Jadkevitch on this occasion consisted in faridization and the internal administration of coffee, etherinal tincture of valerian and camphor, the patient making a somewhat slow but complete recovery (about the end of April, 1889). According to the author's theory, all the three obscure attacks were caused by the *bacillus pyocyaneus* (and its vital products) penetrating into the patient's organism from the crural ulcers, induced by or infected with the pathogenic microbe.

[Noteworthy cases of human cyanomycosis have been also recently published by Dr. Edward Ehlers in the *Hospitals-Tidende*, May 21, 1890, p. 516 (two cases in children); Neumann, in the *Jahrbuch f.*

Kinderheilkunde, 1890, p. 244; and Oeltinger, in *La Semaine Médicale*, No. 46, 1890.—*Reporter*.]—*Meditsinskoie Obozrenie*, No. 23, 1890, p. 992.

VALERIUS IDELSON (Berne).

OPERATIVE SURGERY.

I. A New Method for Resection of the Elbow-Joint. By DR. C. ZATTI (Bologna, Italy). The author, after considering the advantages and disadvantages of the different methods (Erichsen's, Koenig's, etc.), describes his own new method, which is as follows: The inferior extremity of the humerus is sawed through obliquely so as to resemble the adjusting surface of the corner of a picture frame, and with its surface looking downward and forward. Then the superior articular extremities of the bones of the forearm are sawed through, also in an oblique manner, to form the other adjusting frame-like surface, the latter looking upward and forward.

The surfaces of the bones are now joined, the forearm being placed in a position of semi-pronation and semi-flexion, so that the forearm rests now at a right angle upon the arm. The particulars of the procedure are: The postero-longitudinal incision is made, followed by separation of the soft parts and the periosteum; the articular extremities are then exposed and dislocation produced, after the method of Langenbeck, the humerus being fixated by an assistant.

A line is drawn which unites the lowest point of the external condyle with the lowest point of the internal condyle. This horizontal line divides the posterior inferior articular surface of the trochlea in its median part.

After this line has been marked out, the saw is conducted through it, being held obliquely, so as to bring it out anteriorly at the inferior border of the coronoid cavity. Thus a surface is obtained which forms with the longitudinal axis of the humerus an acute angle of 45 degrees. If, however, the morbid process should involve more than the articular processes, the resection may be practiced more extensively, with the same facilities and equal results. As regards the bones of the